

Accreditation Quality Report





Quality Check[®]

Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

White Plains Hospital

DBA: White Plains Hospital, Davis Avenue at East Post Road, White Plains, NY





Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🥝 Hospital	Accredited	6/22/2019	10/28/2022	10/28/2022

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
Primary Stroke Center	Certification	4/24/2021	4/23/2021	4/23/2021
Certified Programs	Certification Decision	Effective	Last Full Review	v Last On-Site
		Date	Date	Review Date
🥝 Joint Replacement - Hip	Certification	10/10/2022	9/7/2022	9/7/2022
🥝 Joint Replacement - Knee	Certification	10/10/2022	9/7/2022	9/7/2022
🥝 Spine Surgery	Certification	10/10/2022	9/8/2022	9/8/2022

Other Accredited Programs/Services

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures® 2014 ACS National Surgical Quality Improvement Program

2012 Hospital Magnet Award

		Compared to other Joint Organiz	
		Nationwide	Statewide
Hospital	2019National Patient Safety Goals	Ø	™ *
	National Quality Improvement Goals:		
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	@ ²	2 °

The Joint Commission only reports measures endorsed by the National Quality Forum.

Symbol Key



Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid. 7. The Measure results are based on a
- sample of patients. 8. The number of months with Measure
- data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

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Locations of Care

* Primary Location

Locations of Care	Available Services
Center for Cancer Care DBA: Center for Cancer Care 2 Longview Avenue White Plains, NY 10601	Other Clinics/Practices located at this site: Infusion Center Radiation Therapy Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Hazardous Medication Compounding (Outpatient) Outpatient Clinics (Outpatient)
Imaging of New Rochelle DBA: White Plains Hospital Imaging at New Rochelle 1296 North Ave New Rochelle NY New Rochelle, NY 10801	Services: • Single Specialty Practitioner (Outpatient)

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Locations of Care

* Primary Location

Locations of Care
Primary Location Locations of Care White Plains Hospital Center * DBA: White Plains Hospital Davis Avenue at East Post Road White Plains, NY 10601

DBA: White Plains Hospital, Davis Avenue at East Post Road, White Plains, NY



Locations of Care

Locations of Care	Available Services
White Plains Hospital Medical and Wellness 99 Business Park Drive Armonk, NY 10504	Other Clinics/Practices located at this site: Urgent Care Services: Urgent Care (Outpatient)
White Plains Hospital MRI DBA: White Plains Hospital MRI 244 Westchester Avenue White Plains, NY 10601	Services: • Outpatient Clinics (Outpatient)
White Plains Hospital Sleep Center DBA: WPH Sleep Center 101 East Post Rd White Plains, NY 10601	Services: Single Specialty Practitioner (Outpatient)
White Plains Physician Associates PT/OT DBA: WPPA PT/OT 222 Westchester Ave. White Plains, NY 10601 WBH Ambulatory	Services:Single Specialty Practitioner (Outpatient)
WPH Ambulatory Surgery Center DBA: WPH Ambulatory Surgery Center 226 Westchester Ave. West Harrison, NY 10604	Services: • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)
WPH Center for Advanced Medicine and Surgery DBA: Center for Advanced Medicine and Surgery 122 Maple Ave White Plains, NY 10601	Other Clinics/Practices located at this site: • Ambulatory Surgery • Cardiovascular and Non-Invasive Diagnostic Testing • Diagnostic Imaging • Endoscopy and Procedure Suites • Infusion
	 Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
WPH Family Health Center DBA: Family Health Center 79 E. Post Road White Plains, NY 10601	Services: • Outpatient Clinics (Outpatient)

White Plains Hospital

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2019 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	\bigotimes
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	ଉଉଉତ
	Preventing Surgical Site Infections	\bigotimes
	Preventing Catheter-Associated Urinary Tract Infection	\bigotimes
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\bigcirc

Symbol Key

The organization has met the National Patient Safety Goal.
 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Symbol Key

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The Measure Set does not have an

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National Quality Improvement Goals

Symbol Key				
This organization achieved the best possible results	Reporting F	Period: April 2020 - March 2021		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				to other Joint mission
This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	⊘ ²	™ ²
Footnote Key				

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		Ν	lationwide	ed Organiz	State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	38% of 630 eligible Patients	16%	25%	20%	28%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	0% of 106 eligible Patients	0%	2%	0%	1%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	31% of 1272 eligible Patients	71%	50%	60%	38%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	1151% of 1303 eligible Patients	212%	1780%	418%	1990%
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	1611% of 1303 eligible Patients	1508%	3084%	1612%	3157%



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Null value or data not displayed.

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National Quality Improvement Goals

Reporting Per	iod: Ap	ril 2020 - March 2021					
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Measure Area		Explanation		Nationwi	de	Statewide	Э
Perinatal Care		This category of evidenced based measures assesses the care of mothers and newborns.		(2	0 ²	
			Cor	mpared to c Accredite	other Joint ed Organiz		n
			N	lationwide		State	wide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
Unexpected Complication Term Newborns per 100 livebirths - Severe Rate	00	The severe rate equals the number of patients with severe complications.	460% of 1303 eligible Patients	501%	1303%	573%	116



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Symbol Key

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